



PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

1981-004

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OI			OTHER THAN	
TOTAL CLAIMS			17					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			\ 1 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			ع minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=	
* If the difference in column 1 is			less than zero, enter "0" in			column 2	ı	TOTAL	OTE	OR	TOTAL	
CLAIMS AS AMENDED - PART II							OTHER THAN					
_		(Column 1)	(Column 2) (C			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	J. Sing	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 12	Minus	* 2	(6)	=		X\$ 9=		OR	X\$18=	
	Independent	· 2	Minus	***	3	=	Į	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDEN	CLAIM]	+140=.		OR	+280=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			AUUII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CL AIM	=		X42=		OR	X84=	
	THOTTRESE	INTATION OF IM		FLINDLIN	CLAIM		ן נ	+140=		OR	+280=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	П	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	T CLAIM		J ∤			I OH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the entry in column 1 is less than the entry in column 2, while 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		ber Previously Pa					er fou	ind in the app	ropriate bo	x in co	lumn 1.	